

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1								51			
2	/							52			
3	/							53			
4	/							54			
5	/							55			
6	/							56			
7	/							57			
8	/							58			
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44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
OTAL IND.	/							TOTAL IND.			
OTAL DEP.	7							TOTAL DEP.			
OTAL CLAIMS								TOTAL CLAIMS			